Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/07/2014	Address:	US 24 NEAR SR 39	
Incident #:	14ISPC001883		MONTICELLO	
County:	WHITE			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
☐ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all that	: Location (bedroom, kitchen, open air, open a	<u>etc)</u>		
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium): <u>BEHIND PASSENGER SIDE SEAT</u>				
Anhydrous Ammonia:				
Corrosive Acid:				
Corrosive Base:				
Other (ite	m and location): PSEUDOEPHEDRIN	NE/ BEHIND PASSE	ENGER SIDE SEAT	
Vehicle Info	rmation:			
Owner: VIN: Year:	TAMAIRA K RIDGE 2G2FS32K9X2204670 1999	Make: Model:	PONTIAC FIREBIRD	
Child under age 18 discovered (check appropriate) ☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often		unclean Estimated le occurring:	Estimated length of time manufacturing had been	
This report	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:	
Health Depar	ent City, Township or County <u>MONT</u> tment County: <u>WHITE CO.</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: <u>574-5</u>		
	ormation regarding this methamphetar Officer: W. ENNIS Phon	mine laboratory, cont te <u>765-567-2125</u>	tact	

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.